

CHILD CUSTODY RECOMMENDING COUNSELING (CCRC)/MEDIATION QUESTIONNAIRE

Court Case # _____	Date of next scheduled court date: _____
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Full Legal Name: \_\_\_\_\_

Age: \_\_\_\_\_ Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_

Former or Other Names: \_\_\_\_\_

Email Address: \_\_\_\_\_

Group emails and/or text messages may be sent to you and the other party. Will this be a problem?

☐ NO ☐ YES If yes, please explain: \_\_\_\_\_

**THE FOLLOWING INFORMATION IS CONFIDENTIAL AND IS USED TO FACILITATE YOUR CCRC/MEDIATION.**  
**THE INFORMATION PROVIDED IS FOR COURT PERSONNEL ONLY.**

GENERAL INFORMATION

Mailing Address: \_\_\_\_\_

Physical Address: \_\_\_\_\_

How long have you lived at this address? \_\_\_\_\_

Best Phone Number(s) to Reach You \_\_\_\_\_

Employer: \_\_\_\_\_ Length of Employment: \_\_\_\_\_

Work Schedule (Days/Times): \_\_\_\_\_ Days off: \_\_\_\_\_

Other Parent's Name: \_\_\_\_\_ Other Parent's Ph. #: \_\_\_\_\_

Former or Other Names: \_\_\_\_\_

Other Parent's Mailing Address: \_\_\_\_\_

Length of Relationship/Marriage: \_\_\_\_\_ Approximate Date of Separation \_\_\_\_/\_\_\_\_/\_\_\_\_

Are you represented by an attorney? ☐ No ☐ Yes - Name & Number: \_\_\_\_\_

Does the other parent have an attorney? ☐ No ☐ Yes - Name \_\_\_\_\_

Have you been to CCRC/Mediation before? ☐ No ☐ Yes

County & Date: \_\_\_\_\_

What do you want to address or hope to accomplish in CCRC/Mediation?

\_\_\_\_\_

\_\_\_\_\_

INFORMATION ABOUT THE CHILDREN INVOLVED IN THIS CASE

Please complete the following for each child.

Frist & Last Name	Sex, M/F	Age	DOB	School & Grade/Preschool/ Care Provider

Is Child Protective Services (CPS) currently involved with you or your children? ☐ No ☐ Yes

If yes, please explain & provide the name and phone number of the Social Worker:

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Have there ever been any CPS referrals made regarding any of your children? ☐ NO ☐ Yes

If yes, please explain: 

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Do any of your children have special educational, medical or emotional needs? ☐ No ☐ Yes

If yes, please explain: 

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Are any of your children in counseling? ☐ No ☐ Yes - If yes or previous counseling:

Counselor's Name	Telephone Number	Length of Treatment	How Often? 1x/wk. 2x/mo.

Are any of your children on medication? ☐ No ☐ Yes – If yes, please explain: 

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How do your children currently spend time with each parent? Please explain the current parenting schedule (days & times):

**Mother:** 

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**Father:** 

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Please explain what schedule you think would be best for your children. Be specific with days and times and DO NOT USE PERCENTAGES. Explain what makes this the best schedule for your children.

**Mother:** 

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**Father:** 

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**INFORMATION ABOUT OTHER CHILDREN LIVING IN YOUR HOME NOT INVOLVED IN YOUR CASE**

Please list the name, sex, age and relationship to you of other children living in your home.

First and Last Name	Sex, M/F	Age	Relationship to You

**INFORMATION ABOUT OTHER ADULTS LIVING IN YOUR HOME**

Please list the name, age and relationship to you of any adult other than your spouse or significant other living in your home:

NAME	AGE	RELATIONSHIP TO YOU

**INFORMATION ABOUT YOU AND THE OTHER PARENT**

What is your relationship with the other parent of the children involved in this case? (Please check all that apply)

<input type="checkbox"/> We are currently married or registered domestic partners.	<input type="checkbox"/> We used to be married or registered domestic partners.
<input type="checkbox"/> We live together.	<input type="checkbox"/> We used to live together.
<input type="checkbox"/> We were never in a committed relationship.	<input type="checkbox"/> We are dating or used to date.
<input type="checkbox"/> We are separated.	<input type="checkbox"/> We are divorced.

Length of your relationship: \_\_\_\_\_

Date married (if applicable): \_\_\_\_\_

Date of separation: \_\_\_\_\_

Date of divorce (if applicable): \_\_\_\_\_

Are you in a current relationship with someone other than the other parent? ☐ No ☐ Yes

If yes, please check all that apply

- ☐ We are currently married or registered domestic partners. ☐ We are living together.
- ☐ We are dating but do not live together. ☐ We have children from this relationship.
- ☐ We both have children from other relationships.

Name of Significant Other/Spouse: \_\_\_\_\_ DOB: \_\_\_\_\_

**LASSEN SUPERIOR COURT - FAMILY COURT SERVICES**  
**2610 Riverside Drive, Susanville, CA 96130 (530) 251-8205**

Do you or the other parent have any special medical needs? ☐ No ☐ Yes – If yes, please explain: \_\_\_\_\_

Are you or the other parent in therapy? ☐ No ☐ Yes ☐ Unknown

Name and phone number of therapist: \_\_\_\_\_

Have you or the other parent been hospitalized for psychiatric reasons? ☐ No ☐ Yes – If yes, please explain: \_\_\_\_\_

Is there drug or alcohol use by you or the other parent? ☐ No ☐ Yes – details: \_\_\_\_\_

Is there alcohol or drug abuse that you feel creates an unsafe environment for your children?

☐ No ☐ Yes – If yes, please explain: \_\_\_\_\_

Please check all pending issues and those referred to CCRC:

- ☐ Custody & Parenting Time  
☐ Civil Harassment Orders

- ☐ Restraining Orders  
☐ Other – Please Specify:

**NO YES**

Are you requesting separate appointments because of domestic violence? <i>If yes, please be sure to complete the attached Declaration Alleging Domestic Violence.</i>		
Are you requesting the presence of a support person because of domestic violence? <input type="checkbox"/> Undecided		
Have you ever been convicted of a felony? If yes, please explain.		
Are you on probation or parole? If yes, please provide the name and phone number of your probation/parole officer and the terms of your parole/probation.		
Is there a no contact provision with the other party as a condition of your parole/probation?		
Are you a registered sex offender?		
Do you currently have or have you ever had a restraining order/criminal protective order issued against you? If yes, what is the case number, issuing county, issuing date and who was the other party? Please attach a copy.		
Is there anyone living in your house that is required to register as a sex offender? If yes, what is their name?		
Have you participated in supervised visitation services within the last year? If yes, what is the name, address and phone number of the agency?		
Sessions often occur with both parents in the same room together. Do you have concerns about mediating in the same room together with the other parent?		
Are you fearful of the other parent for any reason?		
Has the other parent ever threatened to harm you in any way?		
Do you have any concerns about the children's emotional or physical safety with you or the other parent?		
Has there ever been medical treatment or hospitalization for psychiatric disorders in the immediate family?		

Have there been any instances of domestic violence in your relationship with the other parent?

☐ No ☐ Yes

If no, you may skip the attached Declaration of Alleged Domestic Violence.

If yes, please complete the attached **Declaration of Alleged Domestic Violence** that follows after you date and sign this document.

Rule 5.210 of the California Rules of Court requires that the Court provide an orientation to inform the parents about the mediation process, the role of the mediator, how to address the developmental needs of children, limitations on confidentiality and other child custody issues. The Superior Court in Lassen County complies with this requirement by offering an on-line orientation

[http://www.lassencourt.ca.gov/videos/Family\\_Court\\_Mediation.mp4](http://www.lassencourt.ca.gov/videos/Family_Court_Mediation.mp4) and a FCS Information Packet, which can be downloaded from the court's website [http://www.lassencourt.ca.gov/court\\_divisions/family.shtml](http://www.lassencourt.ca.gov/court_divisions/family.shtml)

The online orientation must be completed prior to attending CCRC.

By signing below, I agree to watch the online orientation prior to my scheduled CCRC.

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature

DECLARATION ALLEGING DOMESTIC VIOLENCE

	NO	YES
Has there been a history of domestic violence (emotional, financial or physical) between you and the other parent? If yes, please explain:		
Have the Police or other law enforcement ever been called because of domestic violence between you and the other parent? How many times? Was anyone arrested? <input type="checkbox"/> No <input type="checkbox"/> Yes Where did this occur?		
Have you received medical care from a doctor or hospital because of injuries due to domestic violence between you and the other parent?		
Do you have concerns about future violence?		
Have any of your children or others been present when the domestic violence occurred? Please list:		
Are you willing to work with the other parent and the Child Custody Recommending Counselor to develop a parenting plan and custody agreement? If no please explain:		

When was the last occurrence of violence and what happened? \_\_\_\_\_

\_\_\_\_\_

How often did the violence between you and the other parent occur (please mark all that apply)?

- ☐ After we separated      ☐ At the end of the relationship when we were separating
- ☐ Whenever I would try to leave      ☐ A couple of times during the relationship
- ☐ Daily      ☐ Weekly      ☐ Every other week      ☐ Once a month

Of the instances of violence that occurred between you and the other parent, what was the worst or most humiliating? \_\_\_\_\_

\_\_\_\_\_

Please mark the word that describes the severity of violence between you and the other parent:

<input type="checkbox"/>	Mild	<input type="checkbox"/>	Moderate
<input type="checkbox"/>	Severe	<input type="checkbox"/>	Extreme

**IF THERE IS A HISTORY OF DOMESTIC VIOLENCE BETWEEN YOU AND THE OTHER PARENT, OR YOU HAVE A RESTRAINING ORDER AGAINST THE OTHER PARENT, YOU ARE ENTITLED TO HAVE A SEPARATE CCRC SESSION (WITHOUT OTHER PARENT PRESENT) AND TO HAVE A SUPPORT PERSON WITH YOU DURING THE CCRC APPOINTMENT AND AT THE COURT HEARING. THE CHILD CUSTODY RECOMMENDING COUNSELOR WILL DISCUSS WITH YOU THE COURT RULES AND POLICIES REGARDING THE USE OF A SUPPORT PERSON DURING THE SESSION.**

- ☐ I am requesting separate appointments
- ☐ I am not requesting separate appointments.
- ☐ I am requesting that a support person be present.
- ☐ I am not requesting that a support person be present.

I declare under penalty of perjury under the laws of the state of California that the foregoing is true and correct.

Dated: \_\_\_\_\_

\_\_\_\_\_  
**Signature of Declarant**